

DEC 20 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/789,685 Filing Date 2/27/2004 First Named Inventor Jered Donald Aasheim Examiner Name BEHZAD PEIKARI Art Unit 2189 Attorney Docket No. MS1 1067USC1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$ 1,970.00)			

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$): 50 Fee Paid (\$): _____
 - 20 or HP = _____ x 50 = _____
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims Extra Claims Fee (\$): 200 Fee Paid (\$): _____
 - 3 or HP = _____ x 200 = _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other: Information Disclosure Statement; Request for Continued Examination	180.00
	790.00

SUBMITTED BY		Registration No. 52103	Telephone (509) 324-9256
Signature	<i>Jim Patterson</i>	(Attorney/Agent)	
Name (Print/Type)	Jim Patterson	Date	Dec 20, 2005

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Application Number: 10/789,685

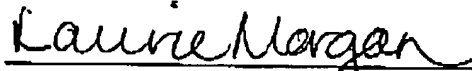
Filing Date: 2/27/2004

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1. Fee Transmittal
2. Petition To Withdraw From Issue
3. Request for Continued Examination
4. Information Disclosure Statement
5. PTO Form 1449

Total pages including cover sheet: 7

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